## INDIVIDUAL MONTHLY DRILL PERFORMANCE

INSTRUCTIONS: 1. The worksheet on the reverse side of this form will be used to itemize drill activity performed in increments of less than four hours. 2. The front page will include documentation of all drill activity claimed for the month, including a summary of those activities on the worksheet (see reverse side). 3. Verification of each claimed activity will be by signature, endorsement, or written statement from a representative of the activity/site sponsoring the CHEER/CME or mutual support. ATTENTION: Medical IMA/PRIMUS Reports will be submitted to COMMANDER NAVAL RESERVE READINESS CENTER (specify) via C.O. MTF/OIC DET/OIC Unit. Other IMA Reports will be submitted to the NAVAL RESERVE READINESS COMMAND. FROM: NAME/RANK (print or type) UNIT ASSIGNED: To: Commander, Naval Reserve Readiness Center/Command \_\_\_\_ \_ Code \_\_\_ Via: (MTF/PRIMUS OIC/UNIT C.O.) \_\_\_ 1. I report the following activity creditable for drill. NO. OF NO. OF **LOCATION OF VERIFICATION** DATE OF DRILL(S) **DUTY PERFORMED** HOURS\* DRILL(S) DRILLS (e.g. signature, endorsement) DP NP \*4 hours (excluding meals) required for each pay drill. 3 hours required if only one nonpay (NP) drill performed in one day. 4 hours (excluding meals) required for each nonpay (NP) drill if TWO drills performed in the same day. DATE SIGNED: SIGNATURE OF MEMBER: FIRST ENDORSEMENT From: (MTF/PRIMUS OIC/UNIT C.O.) \_\_ To: Commander, Naval Reserve Readiness Center/Command \_ \_ Code \_ \_\_ Non Pay \_\_\_\_\_ 1. The following drills are authorized: Drill Pay \_\_ DATE: SIGNATURE: NAME: Copy to: RETAIN MEMBER